

OCT 11 1952

## STANDARD CERTIFICATE OF DEATH

State File No. ....

4283

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		0191	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1304 Walnut St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u>		b. (Middle) <u>A</u>		c. (Last) <u>ADAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar 24 1862</u>	
9. AGE (in years last birthday) <u>90</u>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James T. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Isadore Young</u>		14. NAME OF HUSBAND OR WIFE <u>R. W. Adams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Calburn</u>		ADDRESS <u>Harrisonville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture femur (interchancre Sept 10/52)</u> <u>right</u> DUE TO (c) <u>Atherosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>D19 E90140</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>  <u>unk</u>	
19a. DATE OF OPERATION <u>9-12-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture right femur</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Harrisonville Cass Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 10 1952 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell at home</u>			
22. I hereby certify that I attended the deceased from <u>Sept 10, 1952</u> to <u>Sept 30 1952</u> , that I last saw the deceased alive on <u>Sept 30, 1952</u> , and that death occurred at <u>1</u> m., from the causes and on the day stated above.							
23a. SIGNATURE <u>Richard H. Kline</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4312 J.C. Nichols Parkway</u>		23c. DATE SIGNED <u>Sept 30 1952</u>	
24a. BURIAL: CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 2-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-1-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brennburgis</u>		ADDRESS <u>Harrisonville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 25 1934

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Ernest R. Cunningham

Licensed Embalmer No. 3368

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.